

File with:

2015 TIPP CITY INCOME TAX RETURN

OR FISCAL YEAR _____ TO _____

FILE/PAY ONLINE AT
www.tippcityohio.gov

Tipp City Tax Dept.
260 S. Garber Drive
Tipp City, OH 45371
Phone: (937) 667-8426
Fax: (937) 667-6734

FILE ON OR BEFORE APRIL 18, 2016 – FILING REQUIRED EVEN IF NO TAX IS DUE

Account Number _____

Name(s) _____

Current Address _____

City/State/Zip _____

E-mail _____

Social Security # _____ - ____ - _____

Date of birth _____

Social Security # _____ - ____ - _____

Date of birth _____

Federal ID # _____ - ____ - _____

If you moved during the year:

Prior address _____

Date moved to Tipp _____

Date moved from Tipp _____

May we contact you with questions regarding this return by e-mail? ☐ Yes ☐ No

ATTACH ALL SUPPORTING DOCUMENTS TO YOUR RETURN
(IE. W-2s, 1099s AND APPROPRIATE FEDERAL SCHEDULES)

SECTION A RETIRED AND TAXPAYERS WITH NO TAXABLE INCOME: REASON (CHECK APPROPRIATE BOX)

☐ Retired with no taxable income

☐ Under 18 with no tax due, DOB _____

☐ Active duty military

☐ All income from non-taxable source, list source _____

SECTION B 2015 INCOME TAX CALCULATIONS

Enter wages (use highest wage figure on W-2) and **ATTACH ALL W-2s**

Name of Employer	City or Township where employed	Tipp City tax withheld	Other tax withheld (not to exceed 1.5% of each wage)	Qualifying wages
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1. Total Tipp City tax (1-A), other city tax (1-B) & qualifying wages (1-C) (1-A) \$ _____ (1-B) \$ _____ (1-C) \$ _____
2. Profit or loss from income other than wages (from page 2)
 - A. Business income (Schedule C and F from Section E, page 2) 2A. \$ _____
 - B. Rental & royalty income (Schedule E from Section F, page 2) 2B. \$ _____
 - C. Other income or 2106 expenses less 2% AGI (from Sections G and H, page 2) 2C. \$ _____
 - D. Total (lines 2A, B, C) 2D. \$ _____
3. Total income (for individuals – line 1-C plus line 2D)(for businesses – line 3 Section X) 3. \$ _____
 - A. Allocation _____ % of line 3 (BUSINESS FILERS ONLY) 3A. \$ _____
4. Tax due (line 3 for individuals or 3A for businesses multiplied by 1.5%) 4. \$ _____
5. Tax credits:
 - (A) Tipp City tax withheld (line 1-A above) 5A. \$ _____
 - (B) Other city tax withheld (line 1-B above) 5B. \$ _____
 - (C) Estimated payments and/or prior-year credit 5C. \$ _____
 - (D) Total credits available 5D. \$ _____
6. Balance of tax due (line 4 less line 5D) 6. \$ _____
7. Penalty \$ _____ Interest \$ _____ Late filing fee \$20.00 7. \$ _____
8. Total amount due (PAYABLE TO TIPP CITY TAX DEPT) 8. \$ _____
9. If overpayment: Credit to 2016 \$ _____ Refund \$ _____

If the amount due is less than \$5.01, payment need not be made. If the overpayment is less than \$5.01, no refund or credit will be issued.

SECTION C DECLARATION OF ESTIMATED TAX FOR 2016 (1st QUARTER ESTIMATE SHOULD BE PAID WITH THIS RETURN)

10. Estimated income subject to tax \$ _____, multiplied by 1.5% 10. \$ _____
11. Less expected tax credits
 - A. Tipp City tax withheld 11A. \$ _____
 - B. Other city tax withheld 11B. \$ _____
 - C. Credit from prior year 11C. \$ _____
 - D. Total expected tax credits 11D. \$ _____
12. Estimated tax liability (line 10 less line 11D) 12. \$ _____
13. Multiply line 12 times 90% (if result is less than \$200 a declaration is not required) 13. \$ _____
14. Amount paid with this declaration (line 13 times 25%) 14. \$ _____
15. Balance of estimated tax due (line 13 less line 14, due quarterly on 6/15, 9/15 and 12/15) 15. \$ _____
16. Total due with this form (line 8 plus line 14) 16. \$ _____

SECTION D SIGNATURE(S)

The undersigned declares that this return (and accompanying documents) is a true, correct and complete return for the taxable year stated and that the figures used herein are the same as used for federal income tax purposes, and if an audit of federal returns is made which affects tax liability shown on this return, an amended return will be filed within three months. If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? ☐ Yes ☐ No

Print name of person preparing return (if other than taxpayer)

Date

Signature of taxpayer

Date

Address & phone number of preparer

Signature of taxpayer (if a joint return)

Date

SECTION E PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION FROM FEDERAL SCHEDULE C, F, FORM 1065, AND/OR FORM 1120/1120S**ALL APPROPRIATE FEDERAL SCHEDULES MUST BE ATTACHED. ANY DEDUCTIONS NOT SUPPORTED BY SCHEDULES WILL BE DISALLOWED.**

Business name _____

Business address _____

Nature of business _____

1. If deductions for commissions, rents, or other personal services are taken, supporting 1099s or facsimiles must be attached.
2. If deductions for "RENTS PAID" are taken, please list:

Rents paid to _____

Address _____

- A. Total profit (or loss) \$ _____
- B. Percent allocable to this municipality if Section Y is used % _____
- C. Amount subject to tax (carry to line 2A, page 1) \$ _____

SECTION F INCOME FROM RENTS AND ROYALTIES – from Federal Schedule E (carry to line 2B, page 1)..... \$ _____**SECTION G ORDINARY INCOME FROM FEDERAL FORM 4797 – (capital gains not taxable) \$ _____****SECTION H ALL OTHER TAXABLE INCOME AND 2106 EXPENSE (less 2% AGI)**

Income from fees, tips, commissions and miscellaneous

Received from	For (describe)	Amount

Net income Section H \$ _____

Total other income G and H (carry to line 2C, page 1) \$ _____

SECTION X RECONCILIATION WITH FEDERAL INCOME TAX**(SECTION X PERTAINS TO BUSINESSES ONLY – NOT TO BE USED BY INDIVIDUALS)**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A. Capital losses (IRC 1221 or 1231 property dispositions)..... \$ _____		N. Capital gains (IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250)..... \$ _____	
B. Five percent (5%) of intangible income reported in letter O except that from IRC 1221 property dispositions..... \$ _____		O. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright income \$ _____	
C. Taxes based on income (state & city)..... \$ _____		P. Not previously deducted IRC Sec. 179 expense \$ _____	
D. Guaranteed payments or accruals to or for current or former partners or members \$ _____		Q. Other \$ _____	
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investors \$ _____			
F. Federally deducted amounts paid or accrued to or for qualified retirement plans, health insurance plans and life insurance plans for owners or owner employees of non-C corporation entities \$ _____			
G. Rental activities by partnership, S corp, LLC, trusts \$ _____			
H. Other \$ _____			
M. Total additions (enter on line 2A below) \$ _____		Z. Total deductions (enter on line 2B below) \$ _____	
1. Income per federal return (ATTACH FEDERAL RETURN) \$ _____			
2. A. Items not deductible (from line M Section X above).....Add _____			
B. Items not taxable (from line Z Section X above).....Deduct _____			
C. Enter excess of line 2A or 2B \$ _____			
3. Adjusted net income (total of line 1 and line 2C – carry to line 3, page 1) \$ _____			

SECTION Y BUSINESS ALLOCATION FORMULA

	A. LOCATED EVERYWHERE	B. LOCATED IN TIPP CITY	C. PERCENTAGE (B ÷ A)
STEP 1. Average original cost of real & tangible personal property.....	_____	_____	
Gross annual rentals paid multiplied by 8.....	_____	_____	
Total Step 1.....	_____	_____	_____ %
STEP 2. Gross receipts from sales made and/or work or services performed.....	_____	_____	_____ %
STEP 3. Wages, salaries and other compensation paid.....	_____	_____	_____ %
STEP 4. Total percentages			_____ %
STEP 5. Average percentages (divide total percentages by number of percentages used)		Carry to line 3A, page 1	_____ %